

IHCA Conference

July 23, 2008

MR/DD Tract

Regulation and Compliance Review



Qualified Mental Retardation Professional

The QMRP



Qualified Mental Retardation Professional

W159 states “Each client’s active treatment program must be integrated, coordinated and monitored by a qualified mental retardation professional.”



Qualified Mental Retardation Professional

- Active Treatment Needs
- Health Needs
- Safety Needs



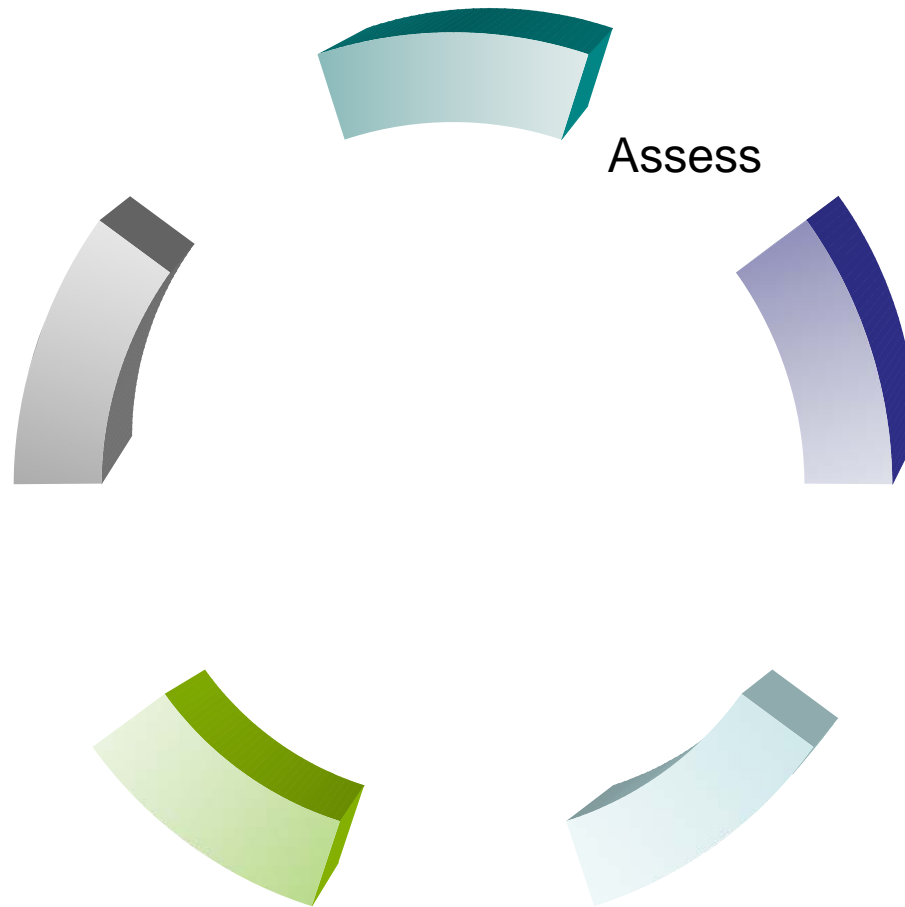
Qualified Mental Retardation Professional

Why is W159 cited?

A Break in the Active
Treatment Loop



Active Treatment Loop





Qualified Mental Retardation Professional

- W211: Consider age and implications
- W212: Identify problems, disability's, cause
- W213: Identify developmental strengths
- W214: Developmental & behavioral needs
- W215: Identify need for services
- W216: Physical development and health
- W217: Nutritional status
- W218: Sensorimotor development

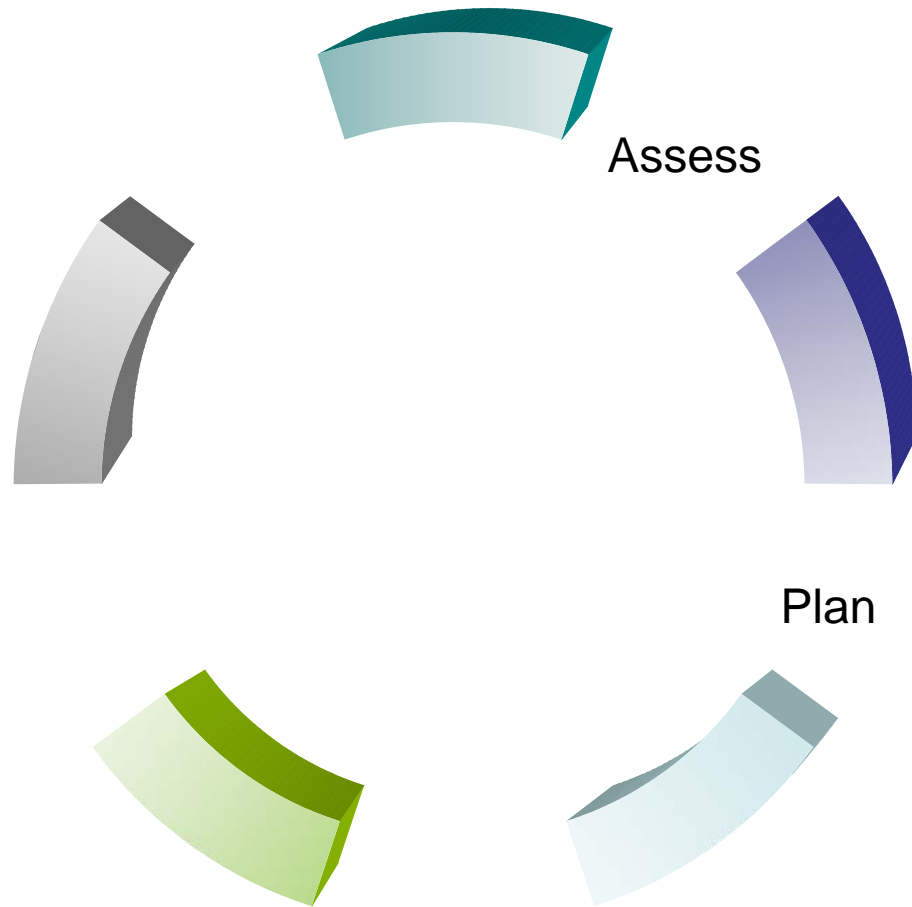


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- W219: Affective development
- W220: Speech and language development
- W221: Auditory functioning
- W222: Cognitive development
- W223: Social Development
- W224: Independent living skills
- W225: Vocational Skills



Active Treatment Loop





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- W226: Plan prepared within 30 days
- W227: State specific objectives
- W228: Sequence
- W229 – W233: Requirements of the objectives
- W234 – W239: Training program requirements

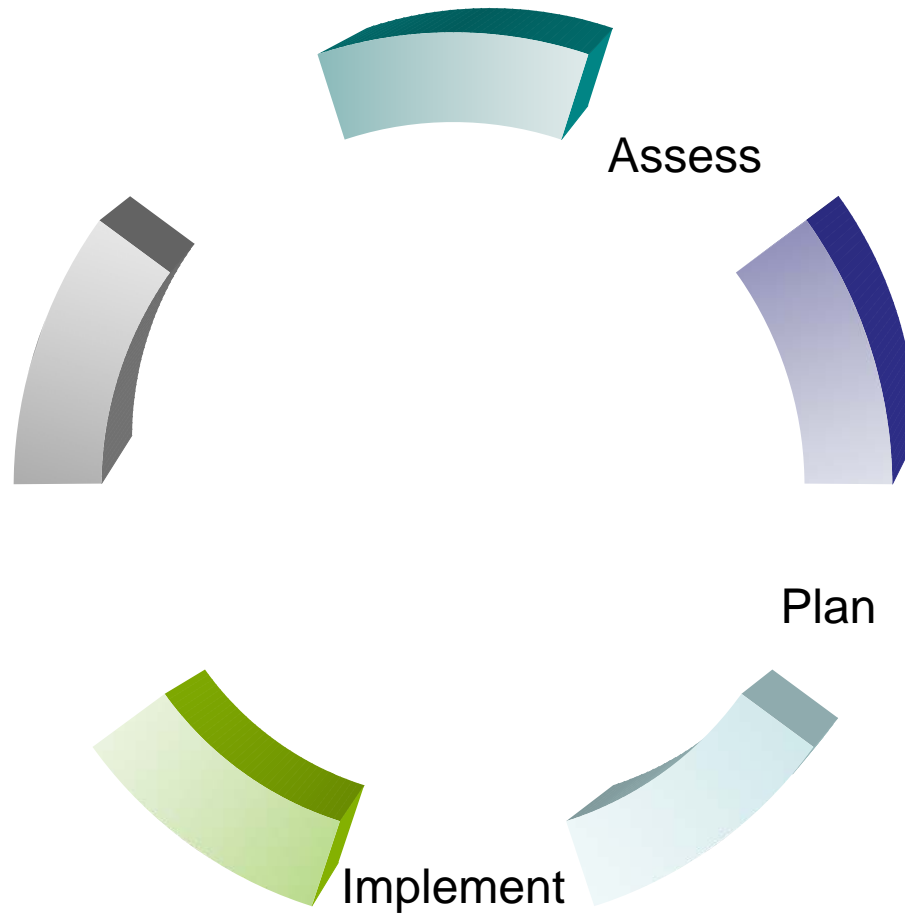


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- W240: Relevant interventions
- W241: Location of strategy information
- W242: Training in basic needs
- W243 – W246: Mechanical supports
- W247: Client choice and self-management
- W248: Copy of plan available to relevant individuals



Active Treatment Loop



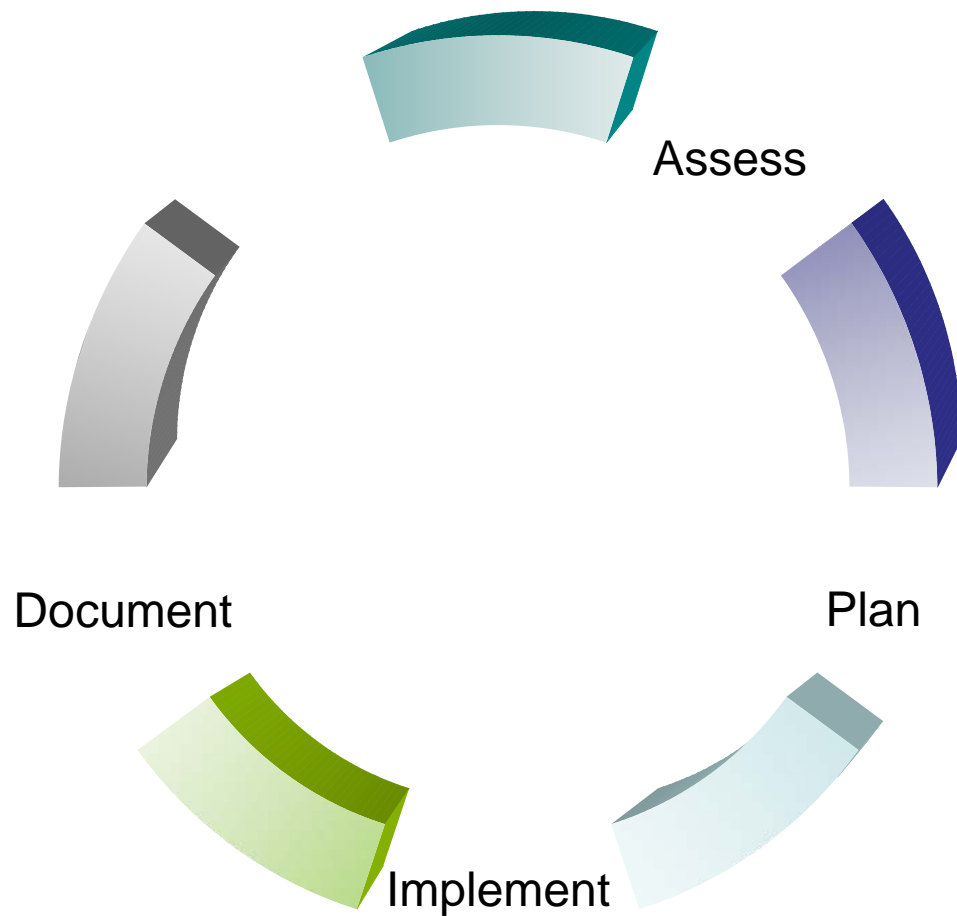


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- W249: Implementation
- W250: Active Treatment Schedule
- W251: Implemented by all staff



Active Treatment Loop



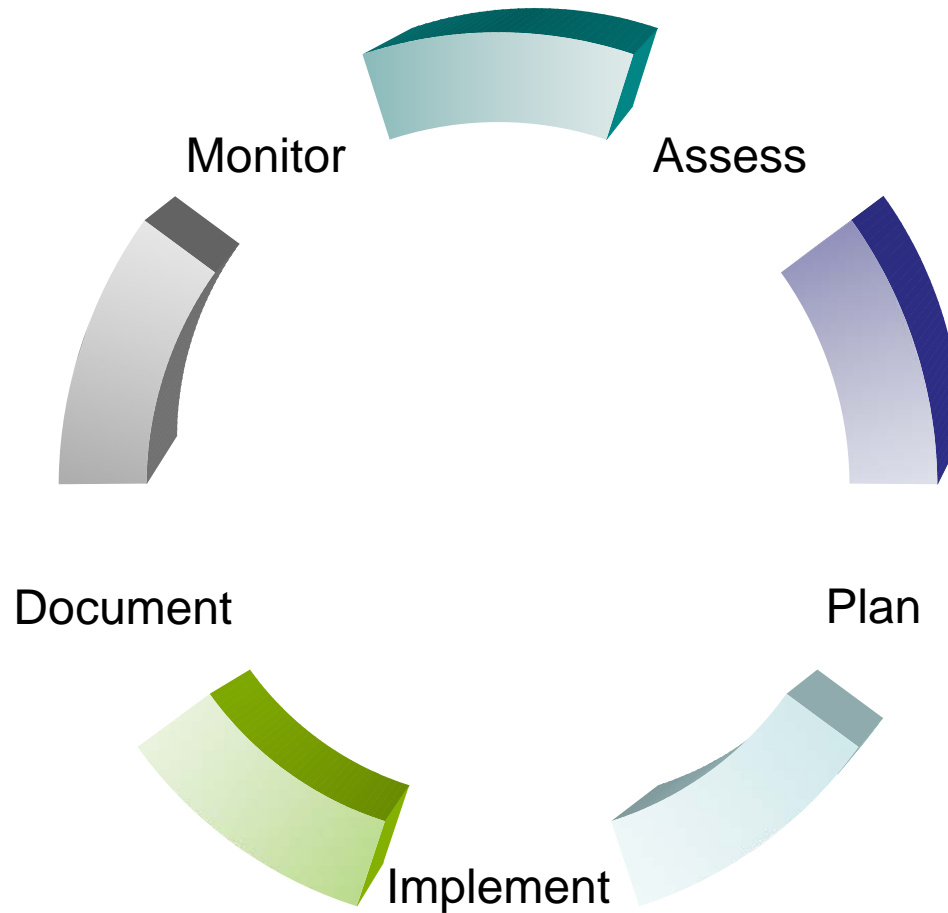


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- W252: IPP criteria and progress in measurable terms
- W253: Document significant IPP events
- W254: Document level and quality of functioning



Active Treatment Loop





Qualified Mental Retardation Professional

- W255 – W257: Programs revised based upon completion, regression, or failure to progress
W258: Considered for new objectives
- W259: Review of CFA
- W260: Revision of IPP
- W261: HRC requirements
- W262: HRC reviews, approves, monitors
- W263: Guardian WIC
- W264: Reviews and monitors practices
- W265: Modification of HRC requirements

Active Treatment Loop





Active Treatment Loop

Activities

Activity #1

Activity #1 **Assess**

Jim is a 50 year old male diagnosed with moderate mental retardation and a seizure disorder.

Medications:

Dilantin for seizures. [An anticonvulsant drug. Side effects include ataxia, decreased coordination, mental confusion, slurred speech, blurred vision, nausea, constipation, hyperglycemia, osteomalacia (a softening of the bones).]

Seroquel for behavior control. [An antipsychotic drug. Side effects include dizziness, headache, seizures, palpitations, peripheral edema, abdominal pain, constipation, back pain.]

Trazodone for behavior control. [An antidepressant drug. Side effects include dizziness, nervousness, confusion, blurred vision, constipation.]

Activity #1 (continued)

Maladaptive behaviors:


Physical Aggression: including hitting, kicking, and biting others. In the past, Jim has caused injuries to others which have required medical attention.

Self Injurious Behavior: including biting his hands and arms, and banging his head against the wall. In the past, Jim has caused injury to himself that has required medical attention, including reconstructive surgery to his arm.

Behavior Plan:

Jim's behavior plan includes physical restraint up to a prone restraint. Jim averages 3 prone restraints in a month that can last up to 15 minutes.

Jim is non-verbal, but can communicate with some sign language.



Activity #1 (continued)

Task:

Jim has been diagnosed with Osteoporosis (a disease of bone that leads to an increased risk of fracture).

What area or areas need to be assessed?

What information do you need?

What coordination by the QMRP needs to take place?

Activity #2

Activity #2: Plan

- Basic Information:
Tommy is a 27 year old male diagnosed with moderate mental retardation. He is non-verbal, but can communicate through gestures and facial expressions. He uses a wheelchair for mobility and has decreased strength in both hands. He lived at home until 21 and has had multiple placements since then. He was recently admitted to your facility.
- Family input:
While he was at home, Tommy used to wash his hands pretty well. Sometimes he wouldn't use soap or dry completely, etc., but he could usually complete hand washing independently. However, that was six years ago and it is not clear if skills have been maintained. He requires wheelchair cut outs so he can get to the sink.

Activity #2 (continued)

- Direct Care staff input:

Staff have assisted him to wash his hands on several occasions. While assisting him to wash his hands staff have noticed the following:

- He requires full physical assistance to use spin knobs on the sink
- He requires full physical assistance to place his hands in the water
- He requires full physical assistance to apply bar soap
- He independently rubs his hands together
- He independently picks the towel up off the counter
- He independently dries his hands

- Nurse Input:

Review of medical records shows he is allergic to scented soaps. He is unable to adjust water temperature and has a scar on his right hand from a previous scalding incident while hand washing.

Activity #2 (continued)

- Teacher Input:
At school he has independently used the flip knobs on the sink in his classroom. He can independently use the pump soap, rub his hands together, and dry his hands. At school he requires physical assistance to wet and rinse his hands and get a paper towel out of the dispenser.
- QMRP Input:
A review of OT, PT, Psychiatric, and Speech provided the following regarding hand washing: "He does not self initiate hand washing at the appropriate times (after using the bathroom, prior to meals, etc.). His ability to complete hand washing is negligible and he requires intensive support in this area."



Activity #2 (continued)

- Task:

Identify what information the QMRP would need to utilize in order to create a plan that maximizes those areas in which Tommy has skill, and build upon areas that will increase independence.

Activity #3

[illegible]

Activity #3

Activity #3: Monitor & Reassess

Prompt Hierarchy:

I = Independent

G = Gesture

VC = Verbal Cue

PA = Physical Assist

FP = Full Physical

R = Refusal

Task:

Using the data on the previous slide, identify the problems, if any.

Is the person making progress towards the objective?

If not, what needs to happen?